

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Hollybrook Lodge
Centre ID:	OSV-0005053
Centre address:	St Michael's Estate, Bulfin Road, Inchicore, Dublin 8.
Telephone number:	01 416 2587
Email address:	ceopa@stjames.ie
Type of centre:	The Health Service Executive
Registered provider:	St James's Hospital
Provider Nominee:	Lorcan Birthistle
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	50
Number of vacancies on the date of inspection:	0

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 September 2016 09:00	13 September 2016 17:00
14 September 2016 09:00	14 September 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Major
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate
Outcome 08: Governance and Management		Non Compliant - Moderate
Outcome 09: Statement of Purpose		Substantially Compliant
Outcome 10: Suitable Person in Charge		Compliant
Outcome 11: Information for residents		Compliant
Outcome 12: Notification of Incidents		Compliant

Summary of findings from this inspection

The inspector was accompanied by an authorised person from the Health Information and Quality (the Authority) who was gaining knowledge of the inspection process.

The inspector examined the relevant policies and a provider self assessment questionnaire which was received by the Authority prior to the inspection.

The person in charge completed the provider self-assessment and deemed the service to be compliant regarding the complaints process and substantially compliant in all the other areas (safeguarding and safety, staffing, health and social care, residents' rights and suitable premises). The action plan which accompanied the self assessment identified actions to ensure full compliance. These related to improving the care planning process, providing staff with up-to-date information/training in safeguarding, reviewing residents' consultation forum to ensure that the voice of residents with dementia is adequately facilitated, developing residents' life story books and assisting residents with dementia to furnish their rooms with appropriate fittings and personal items.

The inspector monitored the matters arising from the previous inspection.

On the day of the inspection there were 50 residents being accommodated with no vacancies and 1 resident in hospital. Forty seven residents were assessed as having dementia (vascular and Alzheimer's).

The inspector met with residents, relatives, and staff members, observed care practices and interactions between staff and residents using a validated observation model, reviewed documentation such as care plans, complaints and medical records and information regarding staff working in the centre.

Actions identified on the previous inspection which related to care planning, measures in respect of responsive behaviours, social activities, health and safety, information to residents and notifications were satisfactorily addressed. However, having information regarding the fees charged for the services provided in residents' contracts of care was still outstanding.

The health-care needs of residents were met with good access to medical and Allied health care. Medication management was satisfactory

Staff had relevant mandatory training in the detection, prevention of and responses to elder abuse, were equipped with up-to-date skills, appropriate to their role, to respond to behaviours that are challenging and had knowledge to support residents to manage their behaviour.

The policy and practice on the use of restraint was in line with the national policy and staff promoted a restraint free environment.

In the main, the inspector saw that staff respected the privacy and dignity of residents, however some issues were identified.

An annual review of the quality and safety of care delivered to residents had been completed by the person in charge and was available for inspection.

Observations by the inspector showed that staff engaged in a meaningful way with

the majority of residents.

Staffing levels were appropriate, and information required in respect of staff working in the designated centre was made available and on review was in accordance with the legislation.

The premise was well designed for residents with dementia. Communal facilities were adequate and appropriately furnished. The bedrooms had ensuite facilities and residents had ample space.

The risk management policy had not been fully implemented as some issues were identified on inspection and the statement of purpose did not contain the conditions of registration.

The areas of non-compliance are detailed in the action plan of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matters arising from the previous inspection related to residents and their representatives not being involved in the care planning process, social and emotional and occupation needs of residents not being assessed and there was insufficient detail in the care plans to guide staff. These matters had been fully actioned.

There was evidence that residents and residents' representatives were involved in the residents' care plans and review of care.

Residents' records were available and contained copies of discharge letters/correspondence from hospital.

In respect of residents who were transferred to hospital from the centre the inspector found that the transfer letter contained information about the resident's health, medicines and personal information. Relatives were informed if a resident was transferred to hospital and in the main would accompany the resident, however if this was not possible a staff member would accompany a resident to ensure that full information was provided.

There was evidence of an assessment on admission and ongoing assessments in relation to aspects of nursing care. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain.

The inspector saw that residents' care plans were formally reviewed on a 3 to 4 monthly basis. This was carried out by nursing staff who coordinates the care for an allocated number of residents. Health care assistants were involved to the extent that on a daily basis they provided information regarding residents' conditions and care to the nursing staff to be written up in the residents' daily notes which assists in determining if the care plan is implemented and effective or otherwise.

The care planning documentation did contain a comprehensive communication plan

which described residents' non-verbal communication mode if the resident did not have verbal communication skills.

Residents had a choice of general practitioner (GP) and there was evidence that contact was made with the resident's previous GP if residents were admitted from outside the local area and all medical records were passed on to the GP of choice. In the main, the inspector was informed that the GP follows the residents. An out of hours service was available to residents.

Resident had access to a variety of health and social care professionals including geriatrician, physio and occupational therapists, dietetic, speech and language, dental, ophthalmology, audiology, podiatry services and psychiatric services.

Management and staff told the inspector that residents and their family members are supported and end of life care is provided in accordance with the residents and their families' wishes. These are outlined in an advance directive/end of life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Residents' religious practices are facilitated within the centre.

Wounds were appropriately assessed and managed. The inspector saw that a referral to the tissue viability specialist services was made in respect of a resident's wound and this guidance brought about an improvement in the condition. The inspector saw that pressure relieving mattresses and specialist cushions were in place.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. The inspector found that residents with diabetes were appropriately managed.

The inspector saw that there was a choice of meals offered to residents at lunchtime and teatime. There was an effective system of communication between care and catering staff to support residents with special dietary requirements. Mealtimes in the dining rooms were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. The lunch meal was served to meet a variety of needs of residents for example those who were on a weight reduction diet, diabetic, fortified diets and modified consistency foods including thickened fluids.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and

administration of medicines to residents which were implemented for the residents who were the focus of the inspection. A pharmacist reviews each resident's drug kardex and these findings are shared with the resident's GP who in turn reviews the resident's medication and make changes as appropriate.

The inspector observed the administration of medication. This was carried out satisfactorily.

The person in charge had planned to improve residents' care plans and at the time of forwarding information to the Authority. Seventy percent of the residents care plans had been revised and updated. The person in charge confirmed that improvement is monitored by regular audits and the resident and their representatives evaluations.

The inspector found that suitable arrangements were in place for all of the specific aspects of the health and nursing needs of residents and rated the centre to be in compliance.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matters from the previous inspection which related to poor assessments regarding behaviours and psychological symptoms of dementia (BPSD), staff not trained in the assessment process and not having an up-to-date policy were satisfactorily actioned.

There was a policy and procedures in place that promotes a positive approach to the behaviours and psychological symptoms of dementia (BPSD) for example it emphasises non-restrictive and non-pharmacological interventions is the preferred method of providing support. The inspector found that staff had implemented a care plan for a resident with responsive behaviours following an assessment of the resident using a validated assessment tool for cognitive impairment.

The inspector found that staff had participated in training regarding understanding and managing behaviour. Staff's' perception of challenging behaviour was consistent.

The safeguarding policy/procedure referenced the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2015). The inspector found that a restraint free environment was promoted see details below.

An examination of the training records identified that staff had participated in training in the protection of residents from abuse.

Some relatives communicated that they were aware of the role of the person in charge and staff nurse in charge and would have no hesitation in bringing any matter of concern to their attention.

There were no current investigations of resident abuse. Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. However, all measures had not been taken to protect residents from abuse as 2 staff members were employed and rostered for work but vetting had not been finalised in accordance with the appropriate legislation.

A restraint free environment was fully promoted. A reduction in restraint had been brought about by trailing enablers as opposed to using bedrails. Monthly audits were carried out in respect of restraint to monitor the situation. In addition there were low beds and crash mats.

Incidents where restraint was used were notified to the Authority in accordance with the regulation.

The inspector reviewed the system in place to manage residents' money, and found that it was sufficiently comprehensive to ensure transparency and security. Residents' financial transaction records were signed and witnessed by two staff or a staff member and the resident. An examination of a resident's monies corresponded with the resident's financial records.

Residents had a locked facility in their own bedrooms to secure their possessions and valuables.

Part of the action plan identified by the person in charge was to update the centre's finance management protocol to reflect the revised National Standards for Residential Care Settings for Older People (2016).

Judgment:

Non Compliant - Major

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matters arising from the previous inspection related to inadequate facilities for the occupation and recreation of residents, and limited participation by residents in activities, residents having prolonged periods in bed, and lack of communication aids, including hearing aids. These matters were satisfactorily actioned.

There was a variety of activities available to residents in the centre, organised by the activities staff, health care assistants and the occupational therapy services which provided therapeutic activities. Residents' wishes and preferences informed their daily routines.

The activity schedule advertised group activities arranged for the mornings and afternoons and individual sessions were scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities.

Activities included music, board games, arts and crafts, gardening, exercise to music, reading, reminiscence, poetry, watching television and hand massages.

The inspector saw that some residents had a life story book which had been compiled by family and staff and staff communicated to the inspector the immense value this was to the resident. The inspector was informed that this activity was being continued on an ongoing basis with all of the residents and their relatives.

In the main, staff were careful to ensure that residents with dementia were orientated to date and time.

Family and staff members supported residents to maintain contacts with their community, for example some families took the residents to their homes to meet up with their relatives and neighbours.

Residents with dementia had free access to a secure well maintained courtyard garden.

The inspector observed the quality of interactions between staff and residents using a validated observational tool to rate and record at five minute intervals, the quality of interactions between staff and residents primarily in the communal activity room.

The definition of the scoring for the quality of interactions for the period observed is as follows: –

- +2 positive connective care – the facilitation of meaningful interaction and engagement with residents.
- +1 task orientated care – the provision of kind physical care, whereby interactions/conversation is more instructive.
- 0 neutral care – the delivery of services is passive and not stimulating.
- -1 protective and controlling – provision of individual care with the emphasis on safety and risk aversion.
- -2 institutional care – regarding residents as a homogeneous group who will fit into the established routine of the designated centre/home.

The scores reflect the effect of the interactions between staff and residents for the majority of residents.

The findings are as follows in respect of two distinctive observation periods when there

were organised activities: –

- 66% of residents experienced positive connective care as staff interacted and engaged the majority of the residents.
- 34% of residents experienced positive interactions in respect of task oriented care.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy and residents were supported to make choices and be independent. The inspector saw some residents freely move around the centre choosing to participate in the group activities or going to their own bedroom.

Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on bedroom, bathroom and toilet doors. The inspector saw that staff knew residents well and interacted with residents in an appropriate and respectful manner. The inspector was informed that staff sought the permission of residents before undertaking any care task. However, a resident was unable to retain control over personal property during the time when the resident's bedroom was being cleaned as some of the resident's personal possessions and information was on display in the corridor.

There was evidence that residents with dementia were involved in the consultation process with regard to the organisation of the centre. Management had established a residents' forum and obtained the views of residents and relatives from surveys.

Residents were able to receive visitors in private either in their own bedrooms or in other private designated areas. There were no restrictions on visitors. A visitor's sign in book was available in a prominent location at the front entrance.

Residents were facilitated to exercise their civil, political and religious rights. Arrangements were in place for residents to vote in the previous local and national elections. Residents were satisfied with opportunities for religious practices.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a system in place to ensure that the complaints of residents with dementia or their representative were listened to and acted upon, and they had access to an appeals procedure.

There was a complaints policy and procedure. This detailed the process. The information was publicised throughout the designated centre and a summary was available in the resident's guide.

In addition to the designated complaints officer there was a designated person who would review the complaint and investigation process should a complainant be dissatisfied with the outcome.

The independent advocacy service was advertised, however, none of the residents had availed of this service.

Residents who communicated with the inspector were familiar with the staff and the person in charge. They communicated that if they had a difficulty they would approach any of the staff team. Relatives were satisfied that issues raised were addressed.

Records in relation to complaints was satisfactory. The records described the complaint, investigation of complaints and outcome for the complainant.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matters arising from the previous inspection which related to staff focusing on tasks and not competent to assess the social needs of residents had been fully actioned.

The recruitment procedures in place were satisfactory. This process included induction and probationary periods for staff.

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents. The staffing arrangements provided for the supervision of residents in communal rooms and staff who communicated with the inspector were knowledgeable of residents' conditions and preferences.

There was a planned staff roster in place, with changes clearly indicated. The staffing in place on the day of inspection was reflected in the roster.

There were a variety of meetings scheduled in order to ensure that staff of various

grades had appropriate knowledge to deliver services to residents. This included handover meetings at the change of shifts and performance management meetings.

The inspector found that there were opportunities for staff to participate in education and training relevant to their role and responsibility.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

It is a purpose-built building with accommodation on 2 floors and a spacious entrance. Residents' bedrooms are ensuite. The inspector found that residents' bedrooms were equipped with modern and bright furnishings including televisions, telephone points and a resident alarm system. Bedrooms were personalised and residents with dementia knew their rooms as they walked around the centre. Residents had a view of the surrounding area from their own bedrooms.

There was ample communal dining and sitting room facilities for residents. The designated centre had a safe external area for residents to walk and sit outside.

There were signs on the bathrooms and toilets and bathroom doors were a different colour to the surrounding wall. Call/alarm buttons in the bedrooms, toilets, bathrooms were visible and well-positioned.

The environment assists residents with mobility difficulties as there are long corridors which are suitable for residents using wheelchairs and for residents walking to maintain their independence. In this respect there were grab rails and hand rails. One of the residents who was observed enjoyed walking from the bedroom to the communal rooms. The floor coverings were nonslip and consistent in colour.

There was evidence of the availability of equipment to meet residents needs and systems were in place to monitor this equipment for example servicing of a variety of hoists and profile beds.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

In the previous inspection the following 2 matters were identified:

- Risk policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff, or self harm. This was addressed.
- The risk register did not identify all the clinical and environmental risks. This was not fully actioned as the following risks were identified on inspection:
 - A cleaning trolley containing a hazardous substance was left unattended.
 - The utility/cleaning room door although it had a keypad lock was not closing fully.
 - A resident accommodated for a period of respite care was not made aware of the resident alarm system.
 - While there were restrictions on the windows some were open fully and some would not remain partially opened.
 - The medicine trolley was unlocked and unattended.
 - Handrails were obstructed by equipment.
 - Some fire doors were wedged open.
 - Some staff were unaware of the emergency evacuation procedures.

Judgment:

Non Compliant - Moderate

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The matter arising from the previous inspection related to the contracts of care which did not set out all the fees being charged to the residents. This issue remains outstanding as an examination of some residents' contracts showed that all of the

fees/charges were not identified.
Judgment: Non Compliant - Moderate

<i>Outcome 09: Statement of Purpose</i>
Theme: Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. However, it did not contain the conditions of registration. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.
Judgment: Substantially Compliant

<i>Outcome 10: Suitable Person in Charge</i>
Theme: Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The Authority received details in respect of a change in the person in charge on the 21 June 2016. The current person in charge informed the inspector that a fit person interview had been carried out at the previous registration of the centre as she was a person participating in management at the time and was deputising for the then person in charge. She is a registered general nurse, has been working with older people since 2005 and works on a full-time basis in the designated centre.

She has a Bachelor of Science in nursing and Higher Diploma in Gerontology and participates in ongoing professional development.

She facilitated the inspection and demonstrated ongoing commitment to improving outcomes for residents. There was evidence of quality improvement initiative in place for example audits of the service provision. She had a good knowledge of residents' conditions and care needs and staff highlighted her leadership qualities.

Judgment:
Compliant

Outcome 11: Information for residents

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The actions from the previous inspection related to the resident's guide not having information about the complaints procedure and not being made available to residents.

The inspector examined the resident's guide and it included information in relation to the complaints procedure and all residents had a copy of the guide in their bedrooms.

Judgment:
Compliant

Outcome 12: Notification of Incidents

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The matter arising from the previous inspection which related to a notification in respect of the death of a resident did not identify the circumstances/cause of death and the quarterly notifications did not include information regarding bed rails. This was satisfactory actioned.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Hollybrook Lodge
Centre ID:	OSV-0005053
Date of inspection:	13/09/2016
Date of response:	24/10/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All measures were not taking to protect residents as two staff nurses who were rostered for duties in the designated centre had not been vetted in accordance with the appropriate legislation.

1. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

residents from abuse.

Please state the actions you have taken or are planning to take:

- The Centre has secured vetting for the two staff nurses who had recently transferred to Hollybrook Lodge
- The Centre's Recruitment Policy, associated procedures and documents have been updated to ensure vetting is undertaken for all new staff in advance of their starting date.

Proposed Timescale: 24/10/2016

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The following hazards had not been identified, assessed and measures taken to control or minimise the risks:

- A cleaning trolley containing a hazardous substance was left unattended.
- The utility/cleaning room door although it had a keypad lock was not closing fully.
- A resident accommodated for a period of respite care was not made aware of the resident alarm system.
- While there were restrictions on the windows some were open fully and some would not remain partially opened.
- The medicine trolley was unlocked and unattended.
- Handrails were obstructed by equipment.

2. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

- Hygiene staff have been instructed to ensure that all hazardous products are not accessible to Residents i.e. concealed and secure on the cleaning trolley. Hygiene Supervisor advised to promote and monitor this practice.
- The utility room door has been repaired.
- Orientation and instruction on the Resident's alarm system is included in the Centre's Orientation Booklet. All staff have been instructed to complete the orientation for each resident on admission to the Centre.
- The windows are fixed.
- Staff have been instructed that they must not leave an unlocked medication trolley unattended at any time.
- Equipment and trolleys are not stored in the corridor so handrails are accessible.

Proposed Timescale: 24/10/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Adequate precautions had not been taken against the risk of fire as some fire doors were wedged open

3. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:

- Staff instructed not to wedge doors open i.e. open and close them each time
- Request submitted for installation of electromagnetic devices on frequently used doors.

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff were unaware of the emergency evacuation procedures.

4. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:

- Staffs have been trained on evacuation procedures.
- New staff to receive immediate evacuation instructions on commencement in the Centre.

Proposed Timescale: 24/10/2016

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The agreement/contract of care did not include details the fees charged for the services delivered.

5. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:

- The fees are included in the agreement/contract of care

Proposed Timescale: 24/10/2016

Outcome 09: Statement of Purpose

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not contain the conditions of registration.

6. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:

- The Centre's Statement of Purpose was updated to include the conditions of registration.
- A copy of the statement was sent to HIQA registration office.

Proposed Timescale: 24/10/2016